

Report to: **AUDIT PANEL**

Date: 12 March 2019

Reporting Officer: Wendy Poole – Head of Risk Management and Audit

Subject: **PROGRESS REPORT ON RISK MANAGEMENT AND AUDIT ACTIVITIES APRIL TO JANUARY 2019**

Report Summary: To advise members of the work undertaken by the Risk Management and Audit Service between April 2018 and January 2019 and to comment on the results.

Recommendations: That members note the report and the performance of the Service Unit for the period April 2018 to January 2019.

Corporate Plan: Risk Management and Audit supports the individual operations, which deliver the objectives within the Corporate Plan.

Policy Implications: Effective Risk Management and Audit supports the organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Financial Implications: Effective Risk Management and Audit assists in safeguarding assets, ensuring the best use of resources and reducing losses due to poor risk management. It also helps keep insurance premiums and compensations payments to a minimum and provides assurance that a sound control environment is in place.
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Legal Implications: The report demonstrates compliance with the Accounts and Audit Regulation 2015 and the Council's Code of Corporate Governance. It should be noted that the significant majority of audits rescheduled in table 2 is because it is not appropriate or effective to start fresh this year.
(Authorised by the Borough Solicitor)

Risk Management: Assists in providing the necessary levels of assurance that the significant risks relating to the council's operations are being effectively managed.

Background Information: The background papers relating to this report can be inspected by contacting Wendy Poole, Head of Risk Management and Audit Services

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1. INTRODUCTION

- 1.1 This is the second progress report for the current financial year and covers the period April to January 2019.
- 1.2 The main objective of this report is to summarise the work undertaken by the Risk Management and Audit Service during the during the ten month period from April 2018 to January 2019 in respect of the approved Plan for 2018/19, which was presented and approved by the Audit Panel in May 2018.

2. RISK MANAGEMENT AND INSURANCE

- 2.1 The Risk Management and Insurance Team provide services to the whole Council including schools. The key priorities for the team during 2018/19 are:-

- To review the risk management system to ensure that it complies with best practice including a review of service area risk register.
- To ensure the Corporate Risk Register is updated on a quarterly basis and reported to the Single leadership Team and the Audit Panel.
- To facilitate the continued implementation of the Information Governance Framework, ensuring that the Council is compliant with the General Data Protection Regulations (GDPR) and the Data Protection Act 2018.
- To review the Business Continuity Management system in place to streamline the process to create a management tool that is workable, with the capability to provide knowledge and information should a major incident occur affecting service delivery.
- To review the insurance database used by the team to ensure it is fit for purpose and that the reporting function is efficient and effective.
- To continue to support managers to assess their risks as services are redesigned to ensure that changes to systems and procedures remain robust and resilient offering cost effective mitigation and that claims for compensation can be successfully repudiated and defended should litigation occur.
- To attend management team meetings quarterly to provide updates on insurance, information governance, risk management and business continuity.

- 2.2 A review of the risk management process has commenced by comparing the Council's process to that of the Tameside and Glossop Clinical Commissioning Group and other authorities across Greater Manchester. Further work needs to be undertaken with the Senior Leadership Team to ensure that the process adopted meets the needs of the Strategic Commission. A Risk Management Report is presented as a separate item on the agenda.

- 2.3 A review against the requirements of the General Data Protection Regulations and the Data Protection Act 2018 is currently underway to ensure that progress is being made on our journey to compliance. This will include:-

- Reviewing the Information Governance Framework documents;
- Refreshing the Information Asset Audit process and privacy Notices;
- Reviewing the Register of Processing Activities (RoPA)
- Researching training opportunities available;
- Facilitating the completion of Data Protection Impact Assessments and contributing to the work of the Greater Manchester Combine Authority who have obtained funding to create an interactive and intuitive toolkit;
- Ensuring Sharing/Processing Agreements are appropriate; and
- Support for Members.

- 2.4 A key priority for Quarter 4 is the completion of the Data Security and Protection Toolkit (previously known as the IG Toolkit) which is an online self-assessment provided by NHS Digital to ensure that organisations who need to access NHS data, have appropriate security standards in place.
- 2.5 Business Continuity Plans are currently being updated across the Council using a revised template which was piloted successfully in January 2019 with the assistance of the Operations and Neighbourhoods Directorate. It captures all the critical data needed to enable a managed response to a local service incident or a major corporate issue. Once all the services plans are completed all services/functions will be listed and prioritised using a Red, Amber, Green (RAG) rating system to inform any corporate response required to an incident affecting service delivery.
- 2.6 Insurance Renewal is due on 1 April 2019 and preparations are well underway to provide our Insurance Brokers AON with the information they need in order to obtain appropriate cost effective cover for the Council.
- 2.7 Support in relation to insurance claims has been provided to both service areas and schools throughout the year to ensure that claims against the Council are robustly defended.

3. INTERNAL AUDIT OVERVIEW

- 3.1 The Audit Plan approved on 29 May 2018 covered the period April 2018 to March 2019 and totalled 1,757 Days. This was made up of 1,294 days on planned audits and 463 days on reactive fraud work.
- 3.2 Table 1 below provides a summary of progress against the plan to 31 January 2019. The actual days delivered at the end of January 2019 (Month 10) are 1,422 which equates to 81% of the total audit days planned for 2018/19 at 1,757. A Revised Plan of 1,551 days is presented in the table and section 3.5 below outlines the necessity for the changes.

3.3 **Table 1 – Annual Audit Plan Summary 2018/19**

Service Area / Directorate	Approved Plan 2018/19	Revised Plan 2018/19	Actual Days To Jan 2019	% Complete
Children's	89	57	68	119
Children's Schools/Learning	243	216	217	100
Adults	102	70	68	97
Population Health	25	25	24	96
Growth	76	19	15	79
Operations and Neighbourhoods	101	84	79	94
Governance	162	148	145	98
Finance and ICT	176	82	59	72
Cross Cutting	20	20	21	105
Greater Manchester Pension Fund	300	300	258	86
Fraud/Investigations	463	530	468	88
Total Planned Days for 2018/19	1,757	1,551	1,422	92

- 3.4 **Appendix 1** provides a detailed breakdown of the 2018/19 Audit Plan.

3.5 It has been necessary to reduce the plan for the year due to the following reasons:-

- The original plan was based on known estimated resources at the beginning of the year and based on a full complement of staff and unfortunately the new Auditor who joined the team in March 2018 left at the end of December;
- A significant amount of time was dedicated to training the new Auditor which affected productivity throughout the year;
- A number of conflicting priorities in terms of irregularities and investigations have diverted days away from planned work to reactive work;
- Estimated days to complete an audit have been exceeded in some cases due to issues raised and the scope and complexity of the area being reviewed being underestimated in the initial planning stage.
- Responding to requests from managers for new audits and providing advice and support to ensure changes to system, processes and procedures do not adversely affect the control environment; and
- Planned audits are rescheduled because changes have not occurred in the timeframe expected, capacity due to conflicting priorities or developments are delayed.

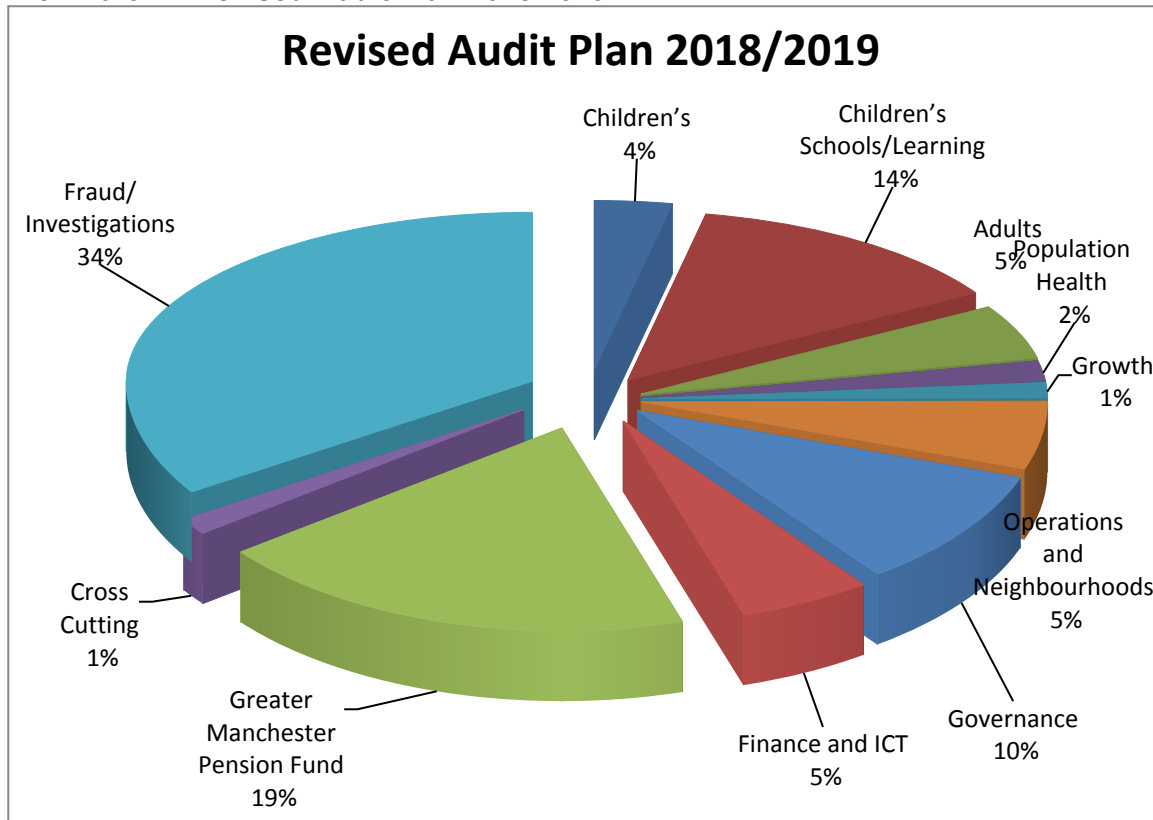
3.6 Table 2 below identifies the audits rescheduled to 2019/20 and ensures that the plan is still relevant, meets the needs of the Council and is balanced to available resources. The review of the audit plan has been undertaken in conjunction with senior management. As stated in 3.2 the original plan of 1,757 days has been revised to 1,551 days, which is a net reduction of 206 days.

Table 2 Changes to the Annual Plan 2018/19 as at February 2019

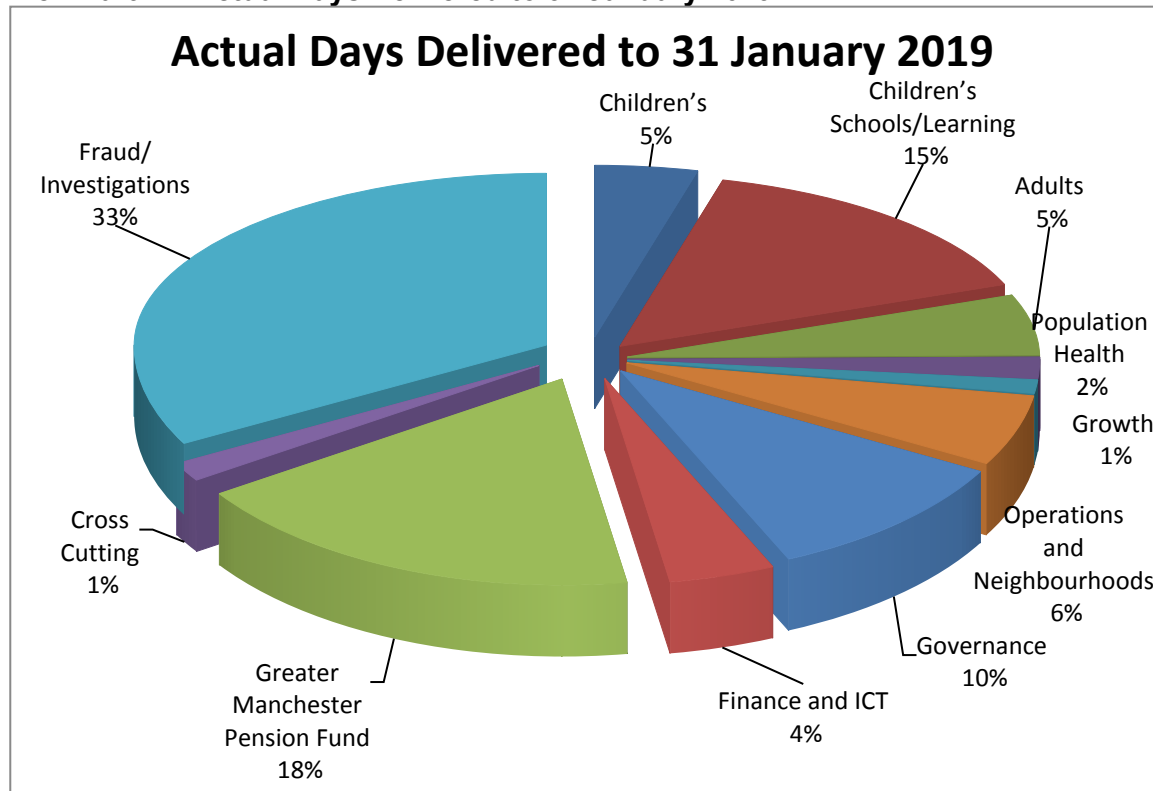
Service Area	Audits Rescheduled	Days
Children's	Troubled Families	10
	Budgetary Control and Financial Management	15
	Emergency/Cash Payments	10
Schools/Learning	Lyndhurst Primary and Nursery	6
	St Christopher's R C Primary	6
	Special Education Needs and Disability SEND	15
Adults	Shared Lives	15
	Budgetary Control and Financial Management	15
Growth	Inspired Spaces – Catering Contract	15
	Estates – Acquisitions and Disposals	15
	Vision Tameside	15
	Planning Process	15
Operations and Neighbourhoods	Transport	15
Governance	Softbox	15
Finance	Network Security	10
	ICT Recharges	15
	Information Governance	15
	Insurance	15
	Procurement	15
	Risk Management	15
Greater Manchester Pension Fund	Northern Pool	15
	Benchmarking/KPIs	10
	Transfer of Assets to New Custodian	10
	Compliance Function	15
	Reduction in Planned Days	317
Fraud/Investigations	Increase in Fraud Days	67
	Total Reductions	250

3.7 The Pie Charts below presents the Revised Audit Plan for the year and the Actual Days Delivered to 31 January 2019.

Pie Chart 1 – Revised Audit Plan 2018/2019



Pie Chart 2 – Actual Days Delivered to 31 January 2019



4. AUDIT ACTIVITY TO 31 JANUARY 2019

4.1 During the period April 2018 to January 2019, 11 Final Reports were issued in relation to systems, risk and managed audits, the results of which are summarised in Table 3 below.

Table 3 – Final Reports System/Risk/Managed Audits

Opinion	Number	%	Total To Date	Total for 2017/18
High	5 (3)	45	10 (8)	8 (7)
Medium	5 (2)	45	12 (5)	8 (2)
Low	1 (1)	10	5 (2)	4 (1)
Totals	11 (6)	100	27 (15)	20

Note: The figures in brackets relate to Final Reports issued for the Pension Fund.

4.2 In addition to the Final Reports issued above, 3 Draft Reports have been issued for management review and responses and these will be reported to the Panel in due course.

4.3 Not all work undertaken by the team generates an audit opinion and several pieces of work undertaken in the period fall into this category:-

- Troubled Families
- Pension Fund Annual Return Compliance Checks
- Grant Certifications for Greater Manchester Combined Authority
- System Sign Offs for new and upgraded systems
- Pension Fund assurance Work
- People and Workforce Development Assurance Work
- Investigation Control Reports

4.4 9 School Audits were completed during the period, the results of which are summarised in Table 4 below.

Table 4 – Final Reports Schools

Opinion	Number	%	Total To Date	Total for 2017/18
High	5	56	9	8
Medium	4	44	9	5
Low	0	0	1	3
Totals	9	100	19	16

4.5 In addition to the final reports issued above, 5 further audits have been completed and the Draft Reports have been issued to the Schools for management review and responses and they will be reported to the Panel in due course.

4.6 Post Audit Reviews are undertaken approximately six months after the Final Report has been issued, however, where a low level of assurance is issued the Post Audit Review is scheduled for three months to ensure that the issues identified are addressed. 36 Post Audit Reviews have been completed in total during the year to date and these are detailed in **Appendix 1**. A summary of the 18 Post Audit Reviews completed since September 2018 is presented in Table 5 below. It details the number of recommendations made and implemented. The percentage rate of recommendations implemented is currently 93%.

Internal Audit was satisfied with the reasons put forward by management where the recommendations had not yet been fully implemented and there are no significant issues outstanding to report to the Panel. A further 17 Post Audit Reviews are in progress which will be reported to the Panel at a future meeting.

Table 5 – Post Audit Reviews – Recommendations Implemented

Post Audit Reviews	Recommendations			Comments
	Made	Implemented		
	No.	No.	%	
Control Report - Wild Bank Primary and Nursery	32	32	100	
Dane Bank Primary and Nursery	11	11	100	
St Marys R C Primary and Nursery Dukinfield	15	15	100	
Alder Community High School	17	17	100	
Thomas Ashton Primary and Secondary Centres	13	13	100	
Investigation Control Report - Arundale Primary and Nursery	32	32	100	
Control Report - Somerset House	10	10	100	
Visit To Contributing Body - Tameside Metropolitan Borough Council	4	4	100	
Visits to Contributing Bodies - Trafford Housing Trust	9	9	100	
Contributing Body Visit to NPS	10	10	100	
Use Of CCTV	43	42	98	The outstanding issue is currently being addressed by a procurement exercise.
Direct Payments	27	26	96	Outstanding recommendation relates to procedure notes.
Aldwyn Primary	18	17	94	One ICT issues is currently being addressed.
St Anne's R C Primary and Nursery, Audenshaw	31	29	94	Assurance has been given that the two outstanding issues will be completed by April 2019.
Reablement	16	15	94	Management have provided assurance that the outstanding issue will be addressed.
St. Georges C E Primary Mossley	14	13	93	The one remaining issue is being addressed by the Headteacher.
Visits to Contributing Bodies - Greater Manchester Police Authority	17	13	76	The four outstanding recommendations require software changes and training.
Review of Financial Systems - General Ledger and Budgetary Control	20	13	65	Assurance has been provided that the outstanding issues will be addressed now more capacity is available in the Financial Management Team.

5. REVIEW OF INTERNAL AUDIT

- 5.1 The review of Internal Audit reported to the Audit Panel on 29 May 2018 highlighted that the service is fully compliant with the requirements of the Public Sector Internal Audit Standards (PSIAS).
- 5.2 The standards require a Quality Assurance and Improvement Programme to be in place and this was presented and approved by the Audit Panel on 29 May 2018. The service developments listed in Table 6 below were included for 2018/19.

Table 6 – Service Developments 2018/19

Developments	Progress to Date
1. To review the usage of the audit management system 'Galileo' to further maximise efficiencies from the use of e-technology	Review scheduled for Quarter 3. Improvements identified by the Team/Service Areas are reviewed and adopted where appropriate to continuously improve the service.
2. To deliver the recommendations from the PSIAS Peer Review conducted in March 2018.	Appendix 2 provides a progress report in relation to the recommendations agreed following the Peer Review in March 2018.
3. To review all fraud, bribery and corruption policies plans etc. including the whistleblowing and money laundering policies, to ensure they are fit for purpose and then consider how to effectively deliver training and awareness.	Draft documents have been produced and these are currently being reviewed and then the appropriate governance process will be followed to ascertain approval.
4. To provide an options paper for the provision of Internal Audit going forward across the Strategic Commission.	An outline business case is being finalised and will initially be discussed with the Director of Finance.

6. ANNUAL GOVERNANCE STATEMENT 2017/18 – IMPROVEMENT UPDATES

- 6.1 The Annual Governance Statement presented to the Audit Panel on 29 May 2018 and approved by the Overview (Audit) Panel on 30 July 2018 highlighted several areas for improvement. Table 7 below provides an update on progress to date.

Table 7 – Annual Governance Statement Improvement Areas

Area of Review	Improvement Required	Progress to Date February 2019
Vision Tameside (Carry Forward)	This is a multi-million pound project in partnership with Tameside College, and needs to be delivered in accordance with agreed milestones. It is essential that the risks to service delivery during the interim period are kept under review to minimise disruption to the people and businesses of	'Practical Completion' Friday 15 February 2019. Occupation planned for March, with the Library and Customer Service Centre opening first. All accommodation moves are being managed by an internal group chaired by the Head of

Area of Review	Improvement Required	Progress to Date February 2019
	Tameside so that, together, the mutual benefits of the project will be recognised and celebrated. It is also important to ensure that the benefits of the new building are realised in terms of different ways of working and reducing future running costs.	Operations and Neighbourhoods, and recant coordinators have been allocated to each service.
Children's Services (Carry Forward)	Improvements in response to the Ofsted Inspection published in December 2016, which have been detailed in the Tameside Children's Services Improvement Plan, need to be implemented and an Improvement Board is in place to monitor progress.	<p>Permanent leadership now largely appointed. Between Sept 2018 – Feb 2019 Director of Children's Services (DCS), Assistant Director, Head of Service and three Service Unit Managers took up post.</p> <p>Revised Improvement Plan in place.</p> <p>Significant effort has been made over the past 16 months to address the improvements required and there is clear evidence of positive impact.</p> <p>Ofsted monitoring visit in November 2018 identified both areas of progress and those requiring further development, again confirming that the Council understands itself, the challenges faced and what we need to do to improve.</p> <p>Work is continuing on the improvement journey.</p> <p>A full inspection is expected in the next couple of months.</p>
Pension Fund Pooling of Investments (Carry Forward)	Greater Manchester Pension Fund is working with other large metropolitan LGPS funds to create a £45+ billion asset pool. Pooling of assets will provide greater scope to allow the funds to invest in major regional and national infrastructure projects such as airport expansion, major new road and rail schemes, housing developments and energy production growth, all driving economic growth and prosperity. Strong governance arrangements will need to be in place, underpinned by robust and resilient systems and procedures, to ensure	<p>The three funds have established investment vehicles, which makes collective direct infrastructure investments and collective private equity investments.</p> <p>A procurement exercise was undertaken to appoint a pool custodian and the contracts are being finalized.</p> <p>A formal joint committee governance structure will be established in the next few months.</p> <p>Representatives of the Fund will continue to work closely and seek professional advice, as required, in</p>

Area of Review	Improvement Required	Progress to Date February 2019
	the desired outcomes are realised.	<p>order to finalise all aspects of the Pool.</p> <p>New draft pooling guidance has been issued for consultation which the Northern pool will be responding to.</p>
Health and Safety (Carry Forward)	To Review process and procedures in place to ensure consistency of approach and embrace electronic recording where appropriate.	<p>Directorate Health and Safety Meetings now established to ensure consistency of approach across the organisation.</p> <p>Health and Safety Manager now in post.</p> <p>A full audit of all aspects of the Council to be commissioned and then a new service established with electronic accident reporting.</p>
Management of CCTV (New)	To review the processes and procedures in place across the Council to ensure consistency of approach and compliance with all relevant legislative requirements.	<p>An Action plan has been produced with deadlines to March 2019.</p> <p>A number of actions have been completed and others are in progress.</p>
Creditors (New)	Improvements to the creditor payments system have been highlighted as part of an internal audit review.	An Action plan has been agreed and work is in progress to improve the system in place.
Estates Management (New)	Improvements to the Estates Management system have been highlighted as part of an internal audit consultancy review.	An independent review of the Council's Estates Service to be undertaken March-April 2019. This will help inform options for any future integrated estates and property service.
ICT Disaster Recovery and Business Continuity Planning (New)	Enhancements are needed to the systems in place so that they meet with the requirements of the Council and best practice, to ensure continuity of service in the event of an incident, which causes disruption, or denial of service.	<p>The templates in place have been updated and work is underway to ensure all services have a Business Continuity Plan in by March 2019.</p> <p>ICT Disaster Recovery Plan is being considered as part of the Vision Tameside Project in line with the completion of Tameside One and the new data centre.</p>
Information Governance (New)	To ensure that information governance processes across the Council are consistently applied and compliant with the EU General Data Protection Regulations and	Work is ongoing to ensure that the Council can demonstrate compliance with GDPR and the Data Protection Act 2018.

Area of Review	Improvement Required	Progress to Date February 2019
	the new Data Protection Act 2018.	

7 IRREGULARITIES/COUNTER FRAUD WORK

- 7.1 Fraud, irregularity and whistle-blowing investigations are conducted by two members of the Internal Audit Team under the direction of a Principal Auditor and the Head of Risk Management and Audit Services to ensure consistency of approach.
- 7.2 All investigations and assistance cases are reviewed by the Standards Panel every month and where appropriate the members of the Panel challenge and comment on the cases and offer further guidance and direction. Assistance cases can range from obtaining information for an investigating officer to actually undertaking a large proportion of the analysis work to provide evidence for the investigatory process.
- 7.3 The number of cases investigated during the period April 2018 to January 2019 is summarised in Table 8 below.

Table 8 – Investigations Undertaken from April 2018 to January 2019

Detail	No. of Cases
Cases B/Forward from 2017/2018	11
Current Year Referrals	13
Total	24
Cases Closed	17
Cases Still under Investigation	7
Total	24
Assistance Cases	8 (4 Active)

- 7.4 The above investigations can be categorised by fraud type as shown in Table 9 below.

Table 9 – Investigations by Fraud Type Table 6 – Investigations by Fraud Type

Fraud Type	No. of Cases	Value of Fraud £	Recovered To Date £	Potential Annual Savings £
Direct Payment	7	99,952	2,640	83,344
Misappropriation of Service User's monies	2	23,006	-	-
Procurement	3	79,576	-	-
Falsifying expenditure claims / manipulation of timesheets	2	502	-	-
Misappropriation of public funds	3	13,218	13,218	825
Theft	6	1,214	-	-
Misuse of Resources	1	Unknown	-	-
Total	24	217,468	15,858	84,169

- 7.5 The data sets for National Fraud Initiative (NFI) 2018 Exercise were uploaded in October 2018 and the matches identified for Tameside were received in early February. Table 10

below provides a summary of the key matches identified and further updates will be provided to the Audit Panel as investigations are progressed.

7.6 The matches this year have been rated, high, medium or low and the definitions are as follows:-

- High – Individuals for which some significant fraud risks were identified.
- Medium – Individuals for which some potential fraud risk factors were identified.
- Low – Individuals for which few potential fraud risk factors were identified.

Table 10 – NFI Data Matches 2018

NFI Data Set	Total Number of Matches	Match Rating	Comments		
			Processed	In Progress	No. of Error/Frauds and Value
Pensions to DWP Deceased Persons	897	High			
Pensions to Payroll	1885	High			
Deferred Pensions to DWP Deceased	145	High			
Housing Benefits to Student Loans	31	High			
Housing Benefits Claimants to DWP Deceased	82	High			
Housing Benefits Claimants to Pensions	496	High			
Council Tax Reduction Scheme to Pensions	783	High			
Council Tax Reduction Scheme to Payroll	81	High			
Personal Budgets to DWP Deceased	2	High			
Blue Badge to DWP Deceased	34	High			
Private Residential Cares Homes to DWP Deceased	50	High			
Totals	4,486				

8 NATIONAL ANTI FRAUD NETWORK DATA AND INTELLIGENCE SERVICES

8.1 NAFN exists to support members in their protection of the public purse and acts as an Intelligence Hub providing a single point of contact for members to acquire data and intelligence in support of investigations, enforcement action and debt collection. A breakdown of the membership is provided in Table 11 below:-

Table 11 – NAFN Membership

Member Type	January 2019	Sept 2018	Target	%
Local Authorities	358	356	420	84
Housing Associations	58	57	N/A	-
Other Public Bodies	15	15	N/A	-
Totals	431	428	-	-

- 8.2 NAFN held its AGM and summit at the Etihad Stadium, Manchester in October and the theme was Data, Disclosure and Threats. The event was attended by 191 delegates representing 96 members and overall satisfaction with the event was very high. At the AGM expressions of interest were invited from members wishing to join the NAFN Executive Board. The response and calibre of applicants was overwhelming and the Executive Board is now at full strength as shown in Table 12.

Table 12 – NAFN Executive Board

Executive Board Member	Representing Organisation
Wendy Poole (Chair)	Tameside MBC (Host Authority)
Peter Farrow (Treasurer)	Sandwell Council
Tom Powell	Manchester City Council
John Hillarby	LB Merton, Richmond and Wandsworth Councils
John Peerless Mountford	Brighton & Hove City Council
David Hogan	LB Croydon
Andy Hyatt	RB of Kensington and Chelsea/LB Hammersmith/ Fulham and Westminster City Council
Nick Hobbs	Swindon City Council
Shona Duncan (Scotland)	Dundee City Council
David Kleinberg NEW	Thurrock Council
Jo Boutflower NEW	North Yorkshire County Council
Dave Holland (Wales) NEW	Bridgend, Cardiff and the Vale of Glamorgan Councils
Iain O'Brien (co-opted) NEW	OFCOM
Ivan Bradshaw (co-opted) NEW	Newcastle u Tyne Hospitals NHS Foundation Trust

- 8.3 Use of the National Register of Taxi Licence Revocations and Refusals (NR3) database continues to grow with almost 1,000 entries to date and we now have over 250 nominated Single Points of Contact registered.
- 8.4 In May this year, Part 3 of the Investigatory Powers Act will finally come into force, bringing with it wide-ranging changes including the introduction of the Office for Communications Data Authorisation, removing independent authorisation and the need for local authorities to obtain judicial approval. There will also be greater access to traffic (events) data which will better support and assist investigators and their investigations. To help members understand the changes NAFN will be running a series of webinar sessions over the coming months and a series of roadshows across the UK to provide training and support on the implementation of the Investigatory Powers Act.
- 8.5 The webinar training programme is continuing to be very popular as it enables members to take part in bite size online sessions to discover more about the services NAFN offer.
- 8.6 The number of requests received during 2018/19 as detailed in Table 13 below has increased overall by 16.3% from the same period in the previous year.

Table 13 – NAFN Requests Received

Type of Request	2018/19 Apr-Dec	2017/18 Apr-Dec	2017/18 Full Year	% Increase (Decrease)
General Data Protection Requests	25,982	29,305	38,980	(11.3)
Driver and Vehicle Licensing Agency	11,773	12,592	16,507	(6.5)
Regulation of Investigatory Powers Act	728	607	760	19.9
Prevention of Social Housing Fraud Act/Council Tax Reduction Scheme	9,071	9,143	12,425	(0.01)
Sub Total	47,554	51,647	68,672	(7.9)
Type B (Online)	107,299	81,388	112,341	31.8
Grand Total	154,853	133,135	181,013	16.3

- 8.7 A key piece of work that will be commencing shortly is a comprehensive review of the NAFN website with a particular focus on navigation, user experience, usability and content and to ensure user expectations are met a survey will be issued seeking views and suggestions as to how the site can be improved.

9 RECOMMENDATIONS

- 9.1 As set out on the front of the report.